

SHORT COMMUNICATION

doi: 10.5455/medarh.2015.69.421-422
Med Arh. 2015 Dec; 69(6): 421-422
Received: September 15th 2015 | Accepted: October 25th 2015

© 2015 Farhad Salehzadeh

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/4.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

A Clinical Sign in Pediatric Sclerosis, Farhad's Sign

Farhad Salehzadeh

Pediatric Rheumatology, Ardabil University of Medical Sciences (ARUMS), Ardabil, Iran

Corresponding author: Farhad Salehzadeh: E-mail: salehzadeh_f@yahoo.com

ABSTRACT

The scleroderma group of diseases is characterized by the presence of hard skin. The pathogenesis of scleroderma include excessive production of collagen and extracellular matrix by fibroblasts, not only in the skin but also in vital organs and around blood vessels with endothelial cell injury. Systemic Sclerosis (SSc) usually constitutes less than 1% of most pediatric rheumatology clinic populations. Females are affected much more commonly than males.

Key words: pediatric systemic sclerosis, clinical sign.

The scleroderma group of diseases is characterized by the presence of hard skin. The pathogenesis of scleroderma include excessive production of collagen and extracellular matrix by fibroblasts, not only in the skin but also in vital organs and around blood vessels with endothelial cell injury (1). Systemic Sclerosis (SSc) usually constitutes less than 1% of most pediatric rheumatology clinic populations (2). Females are affected much more commonly than males.

The earliest skin manifestation of SSc is nonpitting inflammatory edema of the hands, which results in restrictive range of motion. With time,

this progress to skin thickening with an inability to lift the skin (3).

Progressive thickening and tightness of the skin result in joint contractures and an inability to fully open the mouth. Other skin manifestations include abnormal nail folds and calcinosis, telangiectasia, areas of hyperpigmentation and hypopigmentation (4).

Musculoskeletal involvement is common. Fibrosis of the joint capsule and thickening of the synovium results in joint contractures, a problem exacerbated by the thickened and tight skin around the joint.

Gastrointestinal involvement is a major cause of morbidity. The ma-



Figure 1. Patient with sclerodermica



Figure 2. Patient with scleroderma

for current cause of mortality results from pulmonary involvement.

Renal disease, formerly the major cause of mortality, is now more manageable. The heart is also commonly affected.

Clinical methods to quantify skin thickening have been validated in adults but not in children (3).

Here is described very simple and useful sign to evaluate thickening and tightness of the skin in children as Farhad's sign:

In order to examine conjunctiva for anemia in children, we have to pull the lower eyelid downwardly. It is easi-

ly done in healthy people (5, 6) however; it wouldn't be done in patients with scleroderma (Figure 1, 2)

This is a valuable finding that can be seen in all patients with systemic sclerosis. We name that Farhad's sign and use it in clinical examination of all suspected scleroderma patients; and recommend it to all young physicians at practice.

CONFLICT OF INTEREST: NONE DECLARED.

REFERENCES

1. Artlett CM. Immunology of systemic sclerosis. *Front Biosci.* 2005; 10: 1707-1719.
2. Mayes MD, Lacey JV Jr, Beebe-Dimmer J et al. Prevalence, incidence, survival, and disease characteristics of systemic sclerosis in a large US population. *Arthritis Rheum.* 2003; 48: 2246-2255.
3. Furst DE, Clements PJ, Steen VD. et al. The modified Rodnan skin score is an accurate reflection of skin biopsy thickness in systemic sclerosis. *J Rheumatol.* 1998; 25: 84-88.
4. Duffy CM, Laxer RM, Lee P et al. Raynaud's syndrome in childhood. *J Pediatr.* 1989; 114: 73-78.
5. Yurdakök K, Güner SN, Yalçın SS. Validity of using pallor to detect children with mild anemia. *Pediatr Int.* 2008 Apr; 50(2): 232-234. doi: 10.1111/j.1442-200X.2008.02565.x.
6. Chalco JP1, Huicho L, Alamo C, Carreazo NY, Bada CA. Accuracy of clinical pallor in the diagnosis of anaemia in children: a meta analysis. *BMC Pediatr.* 2005 Dec 8; 5: 46.

EFMI



EUROPEAN FEDERATION

for MEDICAL INFORMATICS

[Home](#)
[About](#)
[Working Groups](#)
[Institutional Members](#)
[Events](#)
[Past Conferences](#)
[Publications](#)
[Contact](#)

Home

Search ...

Upcoming Events

17 APR

Sun Apr 17 @ 5:00PM - 05:30PM

STC 2016

24 MAY

Tue May 24 @12:00AM

eHealth 2016

29 MAY

Sun May 29 @12:00AM

pHealth 2016

25 JUN

Sat Jun 25 @ 8:00AM - 01:00PM

NI2016

01 JUL

Fri Jul 01 @ 8:00AM - 05:00PM

ICIMTH 2016

28 AUG

Sun Aug 28 @12:00AM

MIE 2016

ICIMTH 2016 - Call for Papers

Created: 12 November 2015

The Organising Committee and the Scientific Programme Committee welcome you to the 14th International Conference on Informatics, Management, and Technology in Healthcare (ICIMTH) which will be held from 1 to 3 July 2016 in Athens, Greece.

Read more: ICIMTH 2016 - Call for Papers

HEC 2016 featuring MIE 2016

Created: 14 October 2015

We are happy to host this European event under the joint theme of health as a complex system from the 28th August - 2nd September 2016 in Munich, Germany.

Read more: HEC 2016 featuring MIE 2016

eHealth 2016: Call for Papers

Created: 07 October 2015

422

SHORT COMMUNICATION | MED ARH. 2015 DEC; 69(6): 422-423